See attached form for additional information. Interagency κεροπ Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 88-F-0001 CUSTOMER NUMBER: 1197

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Usda, Agricultural Research Service 920 Valley Road Reno, NV 89512

Telephone: (775) -784-1749

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs	0	-			0
5. Cats	0				0
6. Guinea Pigs	0				0
7. Hamsters	0				0
8. Rabbits	0				0
9. Non-human Primates	0				0
10. Sheep	0				0
11. Pigs	0				0
12. Other Farm Animals	O				0
13. Other Animals			-		
garoo rats	0	16	0	0	16
ket mice	0	15	0	0	15

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese. teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approximate (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

	N BY HEADQUARTERS RESEARCH FACILITY OFFICIAL tive Officer or Legally Responsible Institutional Official)	
signature of c.e.o. or institutional official William D. In Mul	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print) William S. Longland, Ecologist	DATE SIGNED

APHIS FORM 7023 (AUG 91)

(Replaces VS FOR 18-23 (OCT 88), which is obsolete.)

" UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

1. CERTIFICATE NUMBER: 88-R-0001

CUSTOMER NUMBER:

FORM APPROVED OMB NO. 0579-0036

Nevada System of Higher Education MUMARIAN & XOOMMINIMITY XOOMEORY

edaysektelennetekæ Note: During 2004, the 2601 Enterprise Road Board of Regents changed Reno, NV 89512 the name of the System.

Telephone: (775) -784-4874

. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

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4. Dogs	2	77	-0-	-0-	77
5. Cats	-0-	-0-	-0-	-0-	-0-
6. Guinea Pigs	15	135	-0-	-0-	135
7. Hamsters	-0-	-0-	-0-	-0-	_0~
8. Rabbits	11	201	50	-0-	251
9. Non-human Primates	-0-	-0-	0-	-0-	-0-
10. Sheep	-0-	-0-	306	-0-	306
11. Pigs	38	23	4	-0-	27
12. Other Farm Animals	-0-	-0-	-0-	-0-	-0-
13. Other Animals					
Deer Mouse	-0-	218	-0-	-0-	218
Pocket Mouse	-0-	353	-0-	-0-	353
Cactus Mouse	-0-	10	-0-	-0-	10

SSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual reservables teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approximately appro Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary in brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Mark L. Brenner, Vice President, Research University of Nevada, Reno

DATE SIGNED 11/10/0

(AUG 91)

See reverse side for additional information.

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 88-R-0001

include Zip Code)

FORM APPROVED OMB NO. 0579-0036 2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINI)

Nevada System of Higher Education

2601 Enterprise Road Reno, NV 89512 (775) 784-4874

Note: During 2004, the Board of Regents changed the name of the

REPORT OF ANIMALS USED BY OR	UNDER CONTROL OF	RESEARCH FACILITY	(Attach adiditional sheets if ne	Cassary or use this (orm.)	
A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in leaching, testing, experiments, research, or surgery but not	C Number of animals upon which teaching, research, experiments, or lests were conducted involving no pain, distress, or	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and lor which appropriate anesthetic, analgesic, or	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these	TOTAL NO OF ANIMAL
12. &/OR 13. Other (List by species)	yet used for such purposes.	use of pain- relieving drugs.	tranquilizing drugs were used.	animals and the reasons such drugs were not used must be attached to this report).	D + E)
Kangaroo Mouse	-0-	18	-0-	-0-	18
Grasshopper Mouse	-0-	49	-0-	-0-	49
Harvest Mouse	-0-	13	-0-	-0-	13
Eva's Desert Mouse	= -0-	8	-0-	-0-	8
Pinyon Mouse	-0-	10	-0-	-0-	10
Pygmy Mouse	-0-	1	-0-	-0-	1
Kangaroo Rat	-0-	995	-0-	-0-	995
Wood Rat	-0-	29	-0-	-0-	29
Cotton Rat	-0-	1	-0-	-0-	1
Rice Rat	-0-	5	-0-	-0-	5
Chipmonk	-0-	115	-0-	-0-	115
Sagebrush Vole	-0-	3	-0-	-0-	3
Montane Vole	-0-	5	-0-	-0-	5
Ground Squirrel	-0-	21	63	-0-	84
Antelope Squirrel	-0-	34	-0	-0- ·	34
	•				
			1		

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including approriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

11/10/05

DATE SIGNED

2005

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

Mark L. Brenner, Vice President, Research University of Nevada, Reno

APHIS FORM 7023A

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See attached form for additional information. Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 88-R-0003 CUSTOMER NUMBER: 13006

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Western Veterinary Conference 2425 East Oquendo Rd Las Vegas, NV 89120

Telephone: (702) -739-6698

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS	USE	DBY OR UNDER	CONT	ROL OF RESEAR	CH F	ACILITY (Attach additiona	al s	heets if necessarv or use APHIS Form 7023A)	
A. Animals Covered By The Animal Welfare Regulations	В.	Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C.	Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs.	D.	Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.		E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, resor interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reask such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C+D+E)
4. Dogs		0		91		110			201
5. Cats		0		1		0			1
6. Guinea Pigs		0		0		0			Ω
7. Hamsters		0		0.		0			0
8. Rabbits		0		0		0 .			0
9. Non-human Primates		0		_ Ω		0			0
10. Sheep		0		8		0			8
11. Pigs		0		0		0			0
12. Other Farm Animals									
Cows		0		22		13			35
13. Other Animals								` \	
		,							

ASSURANCE STATEMENTS

- Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anestetic, analgesic, and tranquilizing drugs, prior to, during, and following actual rese: teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF G.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Executive Director

DATE SIGNED

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 8-23 (OCT 88), which is obsolete.)

NOV 25

See reverse side for additional information.

Interagency Report Control No. 0180-DOA-AN

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

FORM APPROVED OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code)

CONTINUATION SHEET FOR ANNUAL REPORT OF RESEARCH FACILITY

(TYPE OR PRINT)

Western Veterinary Conference 2425 East Oquendo Rd. Las Vegas, NV 89120

Administ Covered By The Aximal Welfare Regulations 12. & AOR 13. Other (ILSI by spocles) 12. Horses O 11. H	REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach adictitional sheets if necessary or use this form.)							
12. Horses 0 44 0 44 Goats 0 11 0 11	A. Animals Covered By The Animal Welfare Regulations 12. &/OR 13. Other	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such	C Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthelic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used	TOTAL NO. OF ANIMALS (Cols. C +		
Goats 0 11 0 11		0	4.4		позгов вивства то тих героп).	1.1.		
	Goats	0	11	0				
						-		
		·	,					
				1				
SSURANCE STATEMENTS	ASSURANCE STATEMENTS							

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CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)
Landiffurther the transfer of

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

Executive Director

rane, Dry APHIS FORM 7023A (AUG 91)

PART 1 - HEADQUART

See attached form for additional information Interagency Report Control No.:

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE 1. CERTIFICATE NUMBER: 88-R-0004

CUSTOMER NUMBER: 31650

FORM APPROVED OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

Joseph A. Freer, Dvm **Dewey Veterinarian Hospital** 4800 West Dewey Drive Las Vegas, NV 89118

Telephone: (702) -873-3458

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Atached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)							
A. Animals Covered By The Animal Welfare Regulations	B. Number of animal being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not ye used for such purposes.	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use or pain-relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals an for which appropriate anesthetic, analgesic, or tranquilizing drugs were used.	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for wh the use of appropriate anesthetic, analgesic, or tranquiliz drugs would have adversely affected the procedures, res or Interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reast such drugs were not used must be attached to this report	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)		
4. Dogs		a 5			25		
5. Cats							
6. Guinea Pigs					**************************************		
7. Hamsters 8. Rabbits							
9. Non-human Primates							
10. Sheep					·		
11. Pigs		·					
12. Other Farm Animals							
13. Other Animals							

ASSURANCE STATEMENTS

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	BY HEADQUARTERS RESEARCH FACILITY OFFICIAL e Officer or Legally Responsible Institutional Official)	
SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL	NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)	DATE SIGNED
Joseph A Free D	VM Joseph A Freen DVM	10-18-05

APHIS FORM 7023 (AUG 91)

(Replaces VS FORM 18-23 (OCT 88), which is obsolete.)